STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-P)
County Chorles	Registration Dist. No. 708 103
Village or City Mallot L	NoSt.,Ward
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foralgn birth?msds.
Lall mr AA	433 - US. 1104 TOTAL BITTER 1915. US.
2. FULL NAME ACCEPTANCE	1) care
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garite the word)	21. DATE OF DEATH
111 00 111	(Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	22.   HEREBY CERTIFY. That I altended daceased from
(or) WIFE of Krah Braw	1 HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 200 8-1881	I last saw h. alive on Jace 25 , 1920; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at Al Am.
5/ 2 1100 29 1 day,hrs.	ware as follows:
8. Trade, profession, or particular	Data of onest
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Carreet Thomash 34
3. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, atc.	
O ID. Date deceased last worked at All 11. Total tima (yaars)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:
(State or country) Olykeh Co	(Basel Hornoch 3.
13. NAME Jolece Foregon Fr	
14. BIRTHPLACE (city or town).	Name of operation Data of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
ut 15. MAIDEN NAME	23. If death was due to external causas (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or oguntry)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT TO TO	Spacify whethar injury eccurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Puery Ch Dates 2/8/33	Manner of injury
de la Valla	Nature of injury
19. UNDERTAKER (Address).	24. Was disease or injury in any way related to occupation of dacoased?
28 d 100	(Signed)
20. FILED 1 8 1920 Constant pellan	(Addrass De o de sola les 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

PHYSICIANS should state D. Every item of infor-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

should be carefully supplied.

marion

WITH UNFADING INK-THIS IS A PERMANENT

JARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1.		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Beliefe	7 3 8	1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1 ,	£	1.7	47	13

1. PLACE OF DEATH		107-a	
County Charles		Registration Dist. No. / O C	2
Village or City La Plata  Length of rasidence in city or town where death occurred		No. St., death occurred in a horpital or institution, give its NAME instead of street and num. Add ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Seorge Josep	h Ch	esley	
(a) Residence: No. (Usual place o	leuta had fabode)	St., Ward.  If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
male Colour	(suries the word)	21. DATE OF DEATH  The Month (Day)	93 <b>3 5</b> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. THEREBY CERTIFY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) hay 2 nd	1934	I last saw have aliva on Tel 13 1955; d	leath is said
7. AGE Years Months Days	if LESS than	to have occurred on the data stated above, atm.	
1954 Metan 2:4	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	ate of onset
8. Trado, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		+ malet	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased tast worked at this operupation (month and			
	ne (yaars) t in this pation	*	
12. BIRTHPLACE (city or town) La Diala (State or country)	* * * * * * * * * * * * * * * * * * *	Other Contributory Causes of importance:	
13. NAME Burrael Chiefer			
13. NAME Burraul Churley 14. BIRTHPLACE (city or town) La Platte (State or country) Charte		Name of operation Deto of	
(State of country)	. 11	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Elysbeth 14. 16. BIRTHPLACE (city or town) La Plato (Stata or country)		23. If daath was dua to axternat causes (VIOL ENCE) filt in etso the following:  Accidant, suicide, or homicide?	, 19
17. INFORMANT Bornozo Chesley (Address) La Plala	Ford	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, to HOME, or in PUBLIC PLACE	E. :
18. Burial, CREMATION, OR REMOVAL Place Holy Short Covalogie 2 - 2	28 , 19 38	Manner of injury	
19. UNDERTAKER Bernend Charley (Address) La Plala Ma	eeling	24. Was diseasa or injury in any way related to occupation of deceased?	no
20 FILED Febr 2 819 35 M SHay	low	(Signed) the Lynch	M. D

V. S. No. 1

stated EXACTLY.

properly classified.

be

of certificate.

See instructions on back

ION is very important.

LISE OF DEATH in plain terms, so that it may

should be carefully supplied.

WITH UNFADING INK-THIS IS A PERMANENT **LARGIN RESERVED FOR BINDING** 

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I Registrar.

(Address)

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
griopau V.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIA	IN
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PHYSICIANS should state Exact statement of OCCUPA-MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. FOR BINDING MARGIN RESERVED AGE should be

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLA

STATE OF	MARYLAND—CERTIFICATE OF DEATH	016

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1. PLACE OF DEATH	
County Church	Registration Dist. No. 104
Village or City And Comments	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,_	mosds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Stice bonn	Clark
(a) Residence: No	St., Ward.
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	I last saw h alive on, 19, 19; death is said to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years spent in this occupation	### ##################################
12. BIRTHPLACE (city or town)	Other Contributary Canses of Importance:
(State or country)	
II 13, NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Christian	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT CANAL CHARLES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Manner of Injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 2-16-, 1935 7. 4. Aug de	(Signed) 7 & M. D.  Registrar. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. #			
Other contributory causes of importance:	and a	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

01695

1. PLACE OF DEATH	10.3
County Charles	Registration Dist. No. D 2
Village or City Krusidl	No. St., Ward
Length of residence in city or town where death occurredyrs,m	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Jamie, Colley	os.
(a) Residence: No.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX J. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 14 193 0, (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Frank Collect	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, dey, and year) July 10,1910	I lest saw h = 22 elive on
7. AGE Years Months Deys If LESS than 1 dey, hrs	ware as follows:
8 Trade profession or particular	Lobar Premonsa Date of onsat
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (months and	
11. Total time (years) this occupetion (month and year)	
12. BIRTHPLACE (city or town) Tweeside (State or country)	Other Contributory Causes of impartance:
E 13. NAME Frank Tills	
13. NAME From Cibe  14. BIRTHPLACE (city or town). Oleanles Ce. Inc.  (State or country)	Name of operation
# 15. MAIDEN NAME DENsietta, John,	What test confirmed diegnosis?
15. MAIDEN NAME Isensietta Colon, 16. BIRTHPLACE (city or town). Charles Co. Md. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT From Cobey (Address) Promote Cobey	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place FELS. 17 Rescussible 1934	Manner of injury
19. UNDERTAKER Stanly Pinny (Address ) Print Print	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED / 26-17, 15 25 John Madast	(Signed) Luc. C. Bickwell M. D.
Registrar.	(Address) / Kashun / La

If more blands are need a, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy_	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Pcritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	RESERVED TO THE PARTY OF THE PA	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Pcritonitis  Other contributory causes of importance:

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V. S. No. 1

D. E	SICI	taten		
OR!	PHY	ct st		-
REC		Exa		
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. E.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact staten		
RM/	XA	clas		-
PE	ed E	erly	icate	
IS	state	prop	ertif	
HIS	pe	pe	) je	-
T	pino	may	back	
Ž	E sh	at it	on s	
ING	AG	se th	tions	
FAD	lied.	ms, s	struc	
S	ddns	n ter	ee in	-
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K, W	arefi	H in	rtan	100
AL	pe c	EAT	impo	
PLA	pluo	F D]	ery	
TE	n sh	SE O	is v	
WRI	natio	CAUS	TION is very important. See instructions on back of certificate.	
B.	П	_	-	
ż				-

1. PLACE OF DEATH	D-CERTIFICATE OF DEATH 01690
county Charles.	Registration Dist. No. /02
Village or City Iraylon	ND. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or townwhere death occurred yrs	(if death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hew long in U. Sign for foreign birth?
2. FULL NAME Still form	Hancock
(a) Residence: No.	St, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR & RACE 5. SINGLE, MARRIED, WIDOW	ED, 21. DATE OF DEATH /
male Colored OR WORCED (write the wo	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HU9BAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of	19 to 19
5. DATE OF BIRTH (month, day, and year) 716 4-193	I last saw h alive on, 19; death is sel
AGE Years Months Deys If LESS	h
or. D. mi	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Comaline organ.
SAWYER, BOOKKEEPER, etc.	onere was no pays
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (mostle end).	assur as assendance
Sport in this	
year) occupation	Other Coutributory Causes of Importance :
(2. BIRTHPLACE (city or town)	1
17-11.002	
(State or comme)	Neme of operation
15. MAIDEN NAGE Standby Bill Han	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? You feet the following:
15. MAIDEN NAME Sandhe Bill Han  16. BIRTHPLACE (city or town) Vary 2 mb y	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Nature Incom	(Specify city or towo, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	ud
8. BURIAL, CREMATION, OR REMOVAL	maimer of injury
1 LIME Daye 1-10 1	Nature of injury.
9. UNDERTAKEN MILLEY Hancock	24. Was disease or injury in a way elayed to occupation of deceased?
(Address) Armylon me	If so, specify have the specific and the
20, FILED EV. 4, 1035 John Madder	(Signed) College Villa Social Magnetina
To many blanks and the Sound	ar. (Address) / OPWG AMULE M.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

\*\*\*\*

mation should be carefully supplied.

01697

1. PLACE OF DEATH County	-l.	Registration Dist. No. 10 8	,
Village or City	V/13	No. St.,	Ward ber)
2. FULL NAME  (a) Residence: No.	esis Elker	2 St. Brown Reck	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and Sta	te
3. SEX 4. COLOR OR RACE	1	21. DATE OF DEATH	_
I Le	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day)	(Year)
5a. If married widowed or divorced HUSBAND (or) WIFE of Pales	Correccan	22. I HEREBY CERTIFY, That I attended deci	eased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months  8. Trade, profession, or pa;ticular	l Days If LESS than	to have occurred on the date stated above, at	eath is sale
80 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Atlanie	Lessitues les 07	ate of Onket
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	π γ	Toede ass-	
10. Data deceased last worked at this eccupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	f 11. Total time (years) spent in this coccupation	Onterionselvasis Disastion: cost stated.	
12. BIRTHPLACE (city or town) (State or country)	earyland	Other Castributory Canses of Importance:	~~~~
II 13. NAME LOSE A	afford	loed agr	
I4. BIRTHPLACE (city or town) (State or country)	ean land	Name of operation Date of What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Acus	r Justey	23. If death was due to external causes (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town)	eed /	Accident, suicide, or homicide? Date of injury	., 19
17. INFORMANT Day	allenich	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)  18. BURIAL, CREMATION, OR BEMOVAL Place	Days 9179/35,19	Manner of injury	
19. UNDERTAKER Elever	1 / betou	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
20, FILED \$10 \ 35, 19 &	Chaffelean	If so, specify (Signed) (Signed)	M. I
If m	Registrar.	(Address) Acquesting V. S. No. 1.	CA.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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1 week ago
3 days ago

Portance:

1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		
	111 49 1,10 20	a destrouted code	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

(If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of rasidence In city or town where death occurred	1. PLACE OF DEATH	(948)
Length of rasidence in city or town where death occurred yrs mos.  2. FULL NAME  (a) Residence: No  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (reprire lige word)  For interied, widowad, or divorced (or) wife of (or) wife or (or) wife	County Okarles-	Registration Dist. No. 10
2. FULL NAME  (a) Residence: No  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Sa. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  SAWYER, BOOKKEPER, etc.  STrade, profession, or particular kind of work done as SPINNER (stand for min.)  SAWYER, BOOKKEPER, etc.  ST. AGE  ST. AGE		(If death occurred in a horpital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (which the word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER (third forward)  SAWYER, BOOKKEPFR, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Data decaased last worked at this occupation (month and year)  10. Data decaased last worked at this occupation (month and year)  Other Centributory Causes of importanca:  12. BIRTHPLACE (city or town)  Other Centributory Causes of importanca:		·
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (**price the word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  9. Months  10. Date Of BIRTH (month, day, and year)  11. Take the word one, as SPINNED (**price the word to have occurred on the date stated above, af		
## Addle Old Priorite the word  5a. If married, widowad, or divorced HUSBAND of (or) WiFE of  6. DATE OF BIRTH (month, day, and year) Oct - 1/808  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER at the source of	PERSONAL AND STATISTICAL PARTICULARS	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of LESCAND PLACE (city or town).  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of LESCAND PLACE (city or town).  5a. If married, widowad, or divorced HUSBAND of LESCAND PLACE (city or town).  5a. If married, widowad, or divorced PLACE (city or town).  5a. If married, widowad, or divorced PLACE (city or town).  5a. If married, widowad, or divorced PLACE (city or town).  2a. I HEREBY CERTIFY, That I attanded deceased cases of importance and in the principle of	OR DIVORCED (write the word	Hel. 28 193 6
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Name of work done, as SPINNER etc.  SAWYEER, BOOKKEEPER, etc.  O. Data decaased last worked at this occupation (month and year)  Other Contributory Causes of importance:  Other Contributory Causes of importance:	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
8. Trade, profession, or particular kind of work done, as SPINNER that pounder SAWYER, BOOKKEFPER, etc. (Litured pounder)  9. Industry or business in which work was done, as SILK MILL, factory attendant Conney Thrombose.  10. Data decaased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town). Charle Co. Mid.	7. AGE Years Months Days If LESS tha	I last saw h alive on, 19; death is said to have occurred on the date stated above, afm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	kind of work done, as SPINNER three Products SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data decased last worked at this occupation (month and yaar)  Olever 1. One of the company of the comp	To Jalysician in allindana Johnally Thrombous.
13. NAME  14. BIRTHPLACE (city or town)  Name of operation  Date of	(State or country)	
14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an autonsy?	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. MAIDEN NAME 123. If death was due to external causes (VIOLENCE) fill in also the following:	17. INFORMANT Suran Meal.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Data of Injury  (Specify city or town, county and State)
18. BURIAL, CREMATION OR REMOVAL Place Olivernation Mate Mich 3, 1936. Natura of injury Those Standard 9 19	1211 San ( WH ( M. 1. 2 2	
19. UNDERTAKER Stayley Ferry 24. Was disease or injury in any way related to occupation of deceased? Les (Address) Program Program (Address) If so, specify 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.		24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mich. 1. 19.39 May Southerland (Signed) Co. Michaell (Address) Marking Mid. e.  If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No.	/ Locul Registrar.	4- (Address) Marling, Md.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNDAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

medion should be carefully supplied.

WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	rles	9	Registration Dist. No.	108
Village or City	jacetorn, My	No.  f death occurred in a hospital or institu		_St.,Ward
Length ot residence in city or town	where death occurredyrs,mo	sds How long in U.S. if c	of foreign blrth?yrs	mnsds
(a) Residence: No.	y dector	St. Ward.	If nonresident give city or	town and State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL C	EPTIFICATE OF DE	EATH
S. SEX F 4. COLOR OR RA	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	TEL 2 (Day)	193 <b>5</b> (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. J. HEREBY	CERTIFY	attended deceased fro
. DATE OF BIRTH (month, day, and yea		I last saw h. Z alive on	2261	, 19 ; death is sa
. AGE Years Mo	nth CDays If LESS than 1 day, hrs. or min.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA' were as follows:		tanco Date ot onse
8. Trada, protession, or particular/ kind ot work done, as SPINI SAWYER, BOOKKEEPER, etc.	IER, Julank	Bronelo	Resusance	·
kind of work done, as SPINI SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MIL SAW MILL, BANK, etc		-		
10. Date deceased last worked at this occupation (month and year)	11. Jotal tima (years) spant in this occupation	Other Contributory Canses of Imp	ortance:	
2. BIRTHPLACE (city or town)	ed 3	Colosp	ing Do	egt
13. NAME JOPUL	LO Azali	//		
14. BIRTHPLACE (city or town) (State or country)	and.	Name of operation	Was	Date of
15. MAIDEN NAME CLEA	or bowne	23. If death was due to external cal		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or county)	ule 7	Accident, suicide, or homicide? Whare did injury occur?	Date of inju	ry, 19
7. INFORMANT (Address)	Male	Specify whether injury eccurred I	(Specify city or town, coun n INDUSTRY, In HOME, or In P	ty and State) PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	n Q Date 2/4, 135	Manner of injury		
19. UNDERTAKER Harry (Address)	Tylat a series	24. Was disease or injury in any v	vay related to occupation of dec	ceased?
20. FILED 29-4/35, 19 B	a Chappellar Registrar.	(Signed)	Repple	ca. O.M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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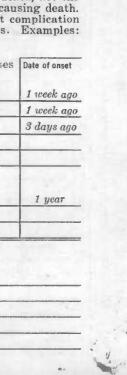
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



Ď	3-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
2	NT RECORD	LY. PHYS.	d. Exact sta	
MARGIN RESERVED FOR BINDING	V PERMANE	EXACT	erly classified	Sonto
RVED FOI	A SI SIHT	uld be state	nay be prop	all af contif
IN RESEI	DING INK.	d. AGE sho	, so that it n	d and continued by
MARG	VITH UNFA	ully supplied	plain terms	4 Con inches
•	PLAINLY, V	ould be caref	F DEATH in	TOTON is monthant Con instantations on Leaf. of contiffication
	3-WRITE	mation sh	CAUSE	" INTON

1. PLACE OF DEATH			01701
County Ellerles	A	Registration Dist. No. /	021
Village or City Prone Ku	ads (IF	No. Street in a hospital or institution, give its NAME instead of street	St., Wai
Length of residence in city or town where death occurr	redyrsmos	sds. Hew long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME Horace	Erefor,		
(a) Residence: No. (Usua	alplace of abode)	St., Ward.  If nonresident give city or tox	wn and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193.0 (Year)
a. If married, widowed, or divorced HU3BAND of (or) WIFE of	2,	22. 1 HEREBY CERTIFY, That 1 et	
DATE OF BIRTH (month, day, end year)	1871	I last saw h alive of	
	eys If LESS than	to have occurred on the date stated ebove, St//	
6364 0	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Important	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER.		No chipian in	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Sues 1	- settindance,	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		geath firmany and	
10. Dato deceased last worked et this occupation (month end year)	Totel lime (years) spent in this occupation	(Myscardition)	2
2. BIRTHPLACE (city or town) Olarlee	a. nd	Other Contributory Conses of Importence:	
(State or country)			
13. NAME Milliam / re	for,		
13. NAME Clean 114. BIRTHPLACE (city or town) Dury	ma.	Name of operetion	ite of
(State of country)		What test confirmed diagnosis? Was the	ere en eutopsy?
15. MAIDEN NAME - Mills	Mad,	23. If death was due to external causes (VIDL ENCE) fill in elso the fo	ollowing:
16. BIRTHPLACE (city or town) Olsanles (State or country)	Qu, Med,	Accident, suicide, or homicide? Dale of injury_	, 19
(State or country)		Where did injury occur?	10.
7. INFORMANT Sulbert Prefor	ma	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HDME, or in PUB	LIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	21/1000	Manner of Injury	
Place Naufur Hy Date	MCH Z-1900	Nature of Injury	
9. UNDERTAKER Slanley Pa	my with	24. Was disease or Injury In eny way related to occupation of deceas	
10. FILED Feb 28, 193 5 UN JA	compesor	(Signed) Gro-Ci Decking	ell M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gansiones		May 1,1925 G	isti dentei ttis	1 year
	ADDITIONAL SPACE F	OR FURTHER	STATEMENTS BY PHYS	ICIAN
		Carl State		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01702
1. PLACE OF DEATH	102
county Chotles	Registration Dist. No. 108
Village or City Deer forelle Cl	LNo. St., Ward
(If Length of residence in city or town where death occurred 75 yrs	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How lang in U.S. if of foreign birth?yrsmosds.
my Wal	A CONSTRUCTION OF THE PARTY OF
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ale (a) the strokes (while the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of accuer C A Clark	22. AL HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, end year) Wor 17 1860	I last saw h. alive on 2 th 1/2 1993; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
7,5 2 25 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
& Trade profession or particular	Date of onset
kind of work done, as SPINHER, Jarrech	Decelor Preservon
S. Hade, profession, or patterns in the state of the stat	
SAW MILL, BANK, etc. 10. Date decaased last worked at 100 11. Total time (years)	
10. Date decaased last worked at this occupation (month and the year)  11. Total time (years)  spent in this occupation.	
0 000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Gran debet le old on
I 13. NAME (TOLY SK Class	
13. NAME 10 LE LEAS  14. BIRTHPLACE (city or town). LLL.	Name of operation Data of
(Stete er country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Clasific Pacecoo	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) lee	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CLO 60 Kall At Clary (Address)	Specify whether injury eccurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deletroille Chamber Date 14 , 1935	Nature of Injury.
19. UNDERTAKER Elgeer Jotbor (Address) Heroland arvile Cla	24. Was disease of injury in any way related to occupation of deceased?
100 Suco 2/14/35-16- PP-11-0-00	(Signad) N Chapple AM. D.
20. FILED // 4/ 30, 190 - Otay fellow Registrar.	(Address) Bugherell and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

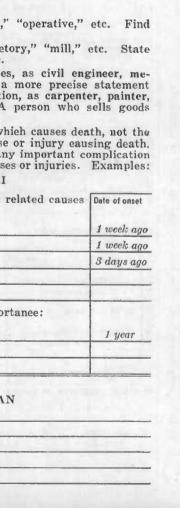
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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- 10.—The month and year the deceased last worked at the occupation.

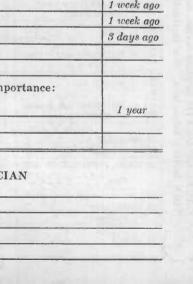
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	: 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURPAU V. R.			
Other contributory causes of importance:	U.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND—	CERTIFICATE OF DEATH 01704
1. PLACE OF DEATH	(97:0)
County Chro. co.	Registration Dist. No. 173
Village or City news Possfet.	No. St., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. If of foreign birth?
2. FULL NAME From Dr Jank	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carrier the word)  Married	21. DATE OF DEATH J. 16 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of florence Laylor	1936 The I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 6 - 1882	I last saw h. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 am.
5-2 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O To: Date deceased last worked at this occupation (month and year) occupation coupation coupation	
as Departure of Citizens	Other Coutributory Causes of importance:
(State or country)	
13. NAME Suck Loylor	
13. NAME Such Toylor  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
E 15. MAIDEN NAME Eller Buther	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ellen Butler  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT & Cornel of aylor (Nife (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Powfret Date + eb. 19, 1935	Nature of Injury
10 HADEOTANED Herentt & Roman	24. Was disease or injury In any way related to occupation of deceased?
19, UNDERTAKER (Address)/ Walky, 1	If so, specify
100 FUED 2/16 135 PM P. Horse 12	(Signed) The Lymb M.D.
20. FILED 199 199 100 100 Registrar.	(Address) molding

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 weck ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYLAND-CERTIFICA	ATE	OF	DEATI	H
			And a			

01705

1. PLACE OF DEATH		(82-01)	
County Charles		Registration Dist. No. 106	
Village or City Salymo	nt hed	No. St.,	Ward
Length of residence in city or town whara d		f death occurred in a horpital or institution, give its NAME instead of street and numbs	
on on.	91 1 1 1 1	Mos	ds.
2. FULL NAME / hlliam	/ hashingling of	homas	
(a) Residence: No. Bly	(Usual place of abode)	St., Ward.	
PERSONAL AND STATISTI		If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH	2
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
M colored	OR DIVORCED (write the word)	Hebruary 25 ,193	
5a. If married, widowed, or divorced	Ca	(Month) / (Day)	(Year)
HUSBAND of Mary Ko	se Thomas	22. I HEREBY CERTIFY, That I attended daca	
20		December 22, 1934, to Ochuray 23,	
	ray 20,1852	I last saw h un aliva on Hebruary 8 , 19 35; de	ath is said
7. AGE Yaars Months	Days If LESS than 1 day, hrs.	to have occurred on the date steted above, at 3:30 Am.	
82 9	ormin.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importence were as follows:	te of onset
8. Trade, profassion, or particular kind of work done, as SPINNER,	P Part	Cerebral hemarshage 2	125%
SAMIER, DOUNNEEPER, ALC.	unen sex con	Kulmmany redema perte 2	121-12
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and	hurch		10
10. Date decaased last worked at	11. Total time (years)		
this occupation (month and year) - 4-3	spent in this 32		
12 PIRTURE ACT (Situate Anna Poras)	at Wel	Other Contributory Canses of importence:	
(State or country)	way have	a de la companya della companya della companya de la companya della companya dell	~~~~
13. NAME Pullians 1	Lange	anis secursos	
13. NAME Belliams 1  14. BIRTHPLACE (city or town). Bens	2-18 Pa W. 1(2)	Name of constains	
(State or country)	garden Land	Name of operation Data of What test confirmed diagnosis? Was there an autop:	2 000
15. MAIDEN NAME Marsar	et Messen (2)		iy:
15. MAIDEN NAME Margare 16. BIRTHPLACE (city or town)	hat dea had	23. If death was due to external causas (VIOL ENCE) fill in also the following:  Accident, suicida, or homicide?	10
(State or country)	de la	Where did injury occur?	19
Mean Page	Il and wide	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
17. INFORMANT Many Ruse (Addrass)	ensmas (mpc)	Specify whether injury occurred in IMPOSTR1, III HOME, OF IR POBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Ilyunary	Data 14 27 1935	Nature of injury	
Desan 14	01.00	24. Was disaase or injury in eny way related to occupation of dacaasad?	1
19. UNDERTAKER AND TI	Marineso	If so, specify	
1 4/195° 301.6	1.15	(Signed) + 13. La Jane	M. D.
70. FILED 4145-X-Y, 1957- FT 6	Registrar.	(Address) Sediers Head. M	and.
		the state of the s	of the last of the

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Example I			Example II	
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Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	(4 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	4		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSI.

supplied ACE should be served EXACTLY, in terms so that it may be properly classified. See instructions on back of certificate. BINDING WITH UNFADING INK---THIS FOR Information should be carefully supplied state OAUSE OF DEATH in plain terms OCCUPATION is very important. See inst MARGIN RESERVED

statement of

PLACE OF DEATH	STATE OF MARYLAND				
County Charles	CERTIFICATE	100			
Village or City Hughwill (No. ,	Registration  St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH			
S SEX  4 COLOR OIL MACE & SINGLE,  MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  17 HEREBY CERTIFY, That Latt	(Day) , 1955			
6 DATE OF BIRTH	HIFH = 135 1 14	A LI = 1935			
(Month) (Day) (Year)	that I last saw h Malive on Mall.	4 = 1033			
7 AGE  If LESS than 1 dayhrs. 8 OCCUPATION  8 OCCUPATION	The CAUSE OF DEATH : was as follows:	Taryuzeal			
(a) Trade, profession or  particular kind of work  (b) General nature of industry					
business, or establishment in which employed or (employer).	(Duration)	yrs mos ds.			
9 BIRTHPLACE (State or country) Chas Co Tust	Contributory Secondary	yrs. mos. de			
10 NAME OF JORY Mack.	(Signed) JM Joseph	M.D.			
11 BIRTHPLACE OF FATHER (State or country) Chas Go Jude 12 MAIDEN NAME	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal,	or, in deaths from ry: and (2) whether			
of MOTHER Smill May Trees	18 LENGTH OF RESIDENCE (For Hospitents, or Recent Residents)	tals, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or country) Class Co Mid		yramosda.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	and the seconds of the second			
(Informant) Paul Jaya	Former or usual residence.				
(Address) Japanes 701	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL			
18 2/19/25 mg Plub	20 UNDERTAKER	ADDRESS			
Filed 7 7 733 1920 The fellear	Flore Plante	Quelanie 12			

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very Important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Poreman," "Manager," "Peal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As camples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary premen, etc. But in many en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day bushess, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman. (b) Automobile factory. whatever, write None, fired 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-The materia

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"):

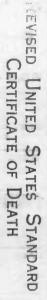
train-accident; Revolver wound of head-homicide, inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetunus) may be stated under the conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For violent beaths state means of injury State cause for which surgical operation was under "Puerperal septicaemia." Puerperal peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia." "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustlon." "Heart vulsious." symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discuse; Poisoned by carbol's acid-probably suicide. The na-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Examples: "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Example: Mensles (disease failure." "Haemor-"Соша," (merely (second-"Соц-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--

	0170:
1 PLACE OF DEATH	STATE OF MARYLAND
6 hunles	GERTIFICATE OF DEATH
County	Registration Dist. No. 108
Village or City Maledle Rougho	St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  (Month) (Day), 19.33	that I last saw h Micalive on IIII
7 AGE  If LESS than I dayhrs.  8 OCCUPATION  8 OCCUPATION	The CAUSE OF DEATH is mas as follows:
(a) Trade, profession or particular kind of work	
b) General nature of industry Business, or establishment in which employed or (employer)	(Duration) yrs.,
9 BIRTHPLACE (State or country) Chas ly full	Contributory Secondary 1  (Dugfton) yre, moe, de.
10 NAME OF That walnustue	(Signed) M. D. (Address) Assimile Mid.
11 BIRTHPLACE OF FATHER (State or country) (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Gumereury Fred	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Charles to hid	At place In the of death yrs. mos. da. State, yrs. mos. da.
II THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) MMM MASSASSIYMO	usual residence
(Address) maleofus mal	Malder med Bet 5 18. f.
Filed 2/5/35 19 Fora Oteppelean	20 UNDERTAKER ADDRESS

Registrar



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; Statement of Occupation-Precise statement of oc state occupation at beginning of lilness. If retired from gaged in domestic service for wages, as Screant, Cook er," etc., without more precise specification as Day additional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (reor given up on account of the bisease causing Death Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite : alary). may be entered a; Housewife, House household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never retnrn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. pature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Theumonia");

quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on hend of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, of State cause for which surgical operation was underrhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely stated unless important. use of "Tumor" for malignant neoplasms); Measles; ng peritonacum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhansticn," "Heart failure," "Haemor causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Whooping cough; train-accident; Revolver wound of head-homicide (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS State MEANS OF INJURIE "Debility" ("Congenital," "Senile," etc.) Chronic valvular (Recommendations on state Example: Mcasles heart The na (second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSICIANS should state Exact statement stated EXACTLY properly classified. A PERMANEN FOR BINDING certificate. MARGIN RESERVED AGE should See instructions on back CAUSE OF DEATH in plain terms, so that it may TH UNFADING INKnation should be carefully supplied. TION is very important. RITE PL

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

item of infor-

OCCUPA.

of

1. PLACE OF DEATH County Clear Village or City Marie	les (1) large death occurred yrs mos	I death occurred in a hospital or institution, give its NAME instead of str	St., Ward
(a) Residence: No.	(Usual place of abode)	St., Ward.	own and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July. 5	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months  8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	B. Walers.  Oct. 15, 1885  Days If LESS than 1 dayhrs. ormin.	1 tast saw h	5, 19 35.
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town)	11. Total time (years) spant in this occupation  L Joliacco Manuel and	Other Coutributory Causes of Importance:	
13. NAME Stevens  14. BIRTHPLACE (city or town)  (State or country)	Selanne Holacco Maryland,	Name of operation D  What test confirmed diagnosis? Was th	nere an autopsy?
15. MAIDEN NAME LORIFICE  16. BIRTHPLACE (city or town) Cli  (State or country)	arlee Or, mid	23. If death was due to external causes (VIOLENCE) filt in also the f Accident, suicide, or homicideZ Date of Injury	

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

If so, specify (Signed)

Where did injury occur?

Manner of injury

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MWEAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year